

## ROUTING AND TRANSMITTAL SLIP

Date

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. EO	HH	4/11
2. DDIS	BG	4/11
3. DIS STAT	BZ	4/12
4. CCRD		4/12
5. Karen - file Liaison/NARS		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

STAT  
STAT

I hope  
will cooperate in this request.  
A little PR with a man like  
Thompson goes a long way in  
fostering harmonious relations  
with NARS, and getting their  
cooperation in matters of interest  
to us. AG

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)  
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